

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??:

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: AN IMMUNOTOXIN (mAB-RICIN) FOR THE  
TREATMENT OF FOCAL MOVEMENT  
DISORDERS

Attorney Docket Number:: 015280-287120US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 2

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jonathan  
Middle Name:: S.  
Family Name:: Hott  
Name Suffix::  
City of Residence:: Birmingham  
State or Province of Residence:: MI  
Country of Residence:: US  
Street of Mailing Address:: 1845 Yosemite, Apt. #16  
City of Mailing Address:: Birmingham  
State or Province of mailing address:: MI  
Country of mailing address::  
Postal or Zip Code of mailing address:: 48009

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Richard  
Middle Name:: J.  
Family Name:: Youle  
Name Suffix::  
City of Residence:: Bethesda  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of Mailing Address:: 10670 Weymouth Street  
City of Mailing Address:: Bethesda  
State or Province of mailing address:: MD  
Country of mailing address::  
Postal or Zip Code of mailing address:: 20814

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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name::  
Family Name:: Hallett  
Name Suffix::  
City of Residence:: Bethesda  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of Mailing Address:: 5147 Westbard Avenue  
City of Mailing Address:: Bethesda  
State or Province of mailing address:: MD  
Country of mailing address::  
Postal or Zip Code of mailing address:: 20816

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Marinos  
Middle Name:: C.  
Family Name:: Dalakas  
Name Suffix::  
City of Residence:: Bethesda  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of Mailing Address:: 9301 Reach Road  
City of Mailing Address:: Bethesda  
State or Province of mailing address:: MD  
Country of mailing address::  
Postal or Zip Code of mailing address:: 20854

### Correspondence Information

Correspondence Customer Number:: 20350

### Representative Information

Representative Designation::	Representative Number::	Representative Name::
Primary	31,677	Kenneth A. Weber
Associate	30,617	Guy W. Chambers

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/418,854	10/15/99
	Continuation of	08/937,266	09/15/97
	Non-Provisional of	60/027,458	09/19/96

### Foreign Priority Information

Country::	Application number::	Filing Date::
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### Assignee Information

Assignee Name::	The Government of the United States of America as represented by the Secretary of the Department of Health and Human Services
Street of mailing address::	6011 Executive Boulevard Suite 325
City of mailing address::	Rockville
State or Province of mailing address::	Maryland
Country of mailing address::	U.S.
Postal or Zip Code of mailing address::	20852